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P. 001

GENERIC FAX DOCUMENT

MICHAEL O. SCHEINBERG

Patent Attorney

JAN 18 2006

January 18, 2006

Fax

Name: Examiner – Kalimah Fernandez
Art Unit: 2881
Organization: United States Patent and Trademark Office
Fax: 1-571-703-8300

From: Michael O. Scheinberg
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Austin, TX 78716-4140
Phone: (512) 328-9510
Fax: (512) 306-1963
Date: January 18, 2006
Subject: Response to Office Action
Pages: _____ (including this coversheet)

In connection with the above-identified patent application, applicant submits the following:

1. Response to October 18, 2005 Office Action (9 p.)
2. Specification (cleaned-up copy)
3. Specification (marked-up copy)
4. Information Disclosure Statement (2 p.)
5. PTO/SB/08A (1 p.)
6. Fee Transmittal (in duplicate) (1 p.)
7. PTO-2038 (1 p.)

Michael O. Scheinberg
Patent Attorney

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FAX No. 512 306 1963

P. 002

JAN 18 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEET TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

530.00

Complete if Known

Application Number	10/829,002
Filing Date	04/21/2004
First Named Inventor	Bart Buijsse
Examiner Name	Kalmah Fernandez
Art Unit	2881
Attorney Docket No.	FNL0303US

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 50-1535 Deposit Account Name: Michael O. Scheinberg

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Small Entity
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180
Total Claims	Multiple Dependent Claims
23 - 20 or HP = 3 x 50.00 = 150.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.	Fee (\$)
Indep. Claims	Fee (\$)
4 - 3 or HP = 1 x 200.00 = 200.00	Fee (\$)
HP = highest number of independent claims paid for, if greater than 3.	Fee (\$)

3. APPLICATION-SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

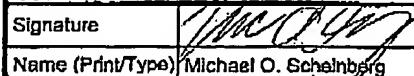
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100		/ 50 = (round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Surcharge 180.00

SUBMITTED BY

Signature		Registration No. 36,919 (Attorney/Agent)	Telephone (512) 328-9510
Name (Print/Type)	Michael O. Scheinberg		Date January 18, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

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Complete If Known

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First Named Inventor	Bart Buijsse
Examiner Name	Kalimah Fernandez
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Attorney Docket No.	FNL0303US

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Multiple Dependent Claims	Small Entity Fee (\$)
Fee (\$)	Fee Paid (\$)

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4. OTHER FEE(S)

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Other (e.g., late filing surcharge): IDS Surcharge

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SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,919	Telephone (512) 328-9510
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